

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

10008
2584

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY <u>Yavapai</u>		B. LENGTH OF STAY IN THIS TOWN <u>12 Yr.</u> IN ARIZONA <u>50 Yr.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Yavapai</u>	
C. CITY OR TOWN <u>Prescott</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Prescott</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hospital</u>		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>608 E. Goodwin</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) <u>Clara</u>		A. (FIRST) <u>B.</u> (MIDDLE) <u>Dickie</u> (LAST) <u>F.</u>		4. SEX <u>W.</u> 5. COLOR OR RACE <u>Widowed</u>	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH <u>9</u> DAY <u>8</u> YEAR <u>1881</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>80</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Indiana</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
14A. FATHER'S NAME <u>James F. Foltz</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Indiana</u>		15A. MOTHER'S MAIDEN NAME <u>Mary A. Wagner</u>	
16. INFORMANT'S SIGNATURE <u>Clara Reynolds Chino Valley, Arizona</u>		17. DATE OF DEATH (MONTH) <u>11</u> (DAY) <u>13</u> (YEAR) <u>1961</u>		13. SOCIAL SECURITY NO. <u>Unknown</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Internal Hemorrhage</u> <u>Dissecting Abdominal Aorta</u> <u>Aneurysm</u> DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>years</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>2 Nov.</u> <u>1961</u> TO <u>13 Nov.</u> <u>1961</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>13 Nov.</u> <u>1961</u> . AND THAT DEATH OCCURRED AT <u>8:58 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <u>Mary D. [Signature]</u>		22B. ADDRESS <u>Prescott, Arizona</u>		22C. DATE SIGNED <u>11-18-61</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>11-18-61</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Prescott, Arizona</u>		26A. DATE REG. BY LOCAL REG. <u>11-18-61</u>		26B. REGISTRAR'S SIGNATURE <u>Blanche [Signature]</u>	
26C. FUNERAL DIRECTOR'S SIGNATURE <u>Henry C. Hampton</u>		26D. ADDRESS <u>Prescott, Arizona</u>		26E. EMBALMER'S SIGNATURE <u>Henry C. Hampton</u>	
26F. EMBALMER'S CERT. NO. <u>308</u>					